

UTILITY PATENT APPLICATION TRANSMITTAL <small>(May be used for nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No.	LUD-5752	
		First Inventor or Application Identifier		Jean-Christophe RENAULD et al
		Title	ISOLATED CYTOKINE RECEPTOR LICR-2	
		Express Mail Label No.	EL649538255US	
APPLICATION ELEMENTS			ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<i>See MPEP chapter 600 concerning utility patent application contents.</i>				
1. <input checked="" type="checkbox"/>	*Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		6. <input type="checkbox"/>	Microfiche Computer Program (<i>Appendix</i>)
2. <input checked="" type="checkbox"/>	Specification <i>(preferred arrangement set forth below)</i>	Total Pages	34	7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
	<input type="checkbox"/> - Descriptive title of the Invention <input type="checkbox"/> - Cross References to Related Applications <input type="checkbox"/> - Reference of Microfiche Appendix <input type="checkbox"/> - Background of the Invention		a. <input type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (<i>identical to computer copy</i>) c. <input type="checkbox"/> Statement verifying identity of above copies	
			ACCOMPANYING APPLICATION PARTS	
	<input type="checkbox"/> - Brief Summary of the Invention <input type="checkbox"/> - Brief Description of the Drawings (<i>if filed</i>)		8. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
			9. <input type="checkbox"/>	37 C.F.R. § 3.73(b) Statement <i>(when there is an assignee)</i>
	<input type="checkbox"/> - Detailed Description <input type="checkbox"/> - Claim(s)		10. <input type="checkbox"/>	Power of Attorney English Translation Document (<i>if applicable</i>)
			11. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449
	<input type="checkbox"/> - Abstract of the Disclosure		12. <input type="checkbox"/>	Preliminary Amendment
3. <input type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	Total Sheets	13. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
			14. <input type="checkbox"/>	*Small Entity Statement(s)
4. <input checked="" type="checkbox"/>	Oath or Declaration	Total Pages	15. <input type="checkbox"/>	Statement filed in prior application, Status is proper and desired
	a. <input checked="" type="checkbox"/> Newly executed (original or copy)		16. <input checked="" type="checkbox"/>	Certified Copy of Priority Document(s)
	b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>		Other: Check For Filing Fee	
	i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)		

	Complete if Known	
	Application Number	To be assigned
FEE TRANSMITTAL	Filing Date	Herewith
	First Named Inventor	Jean-Christophe RENAUD
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5752

FEE CALCULATION

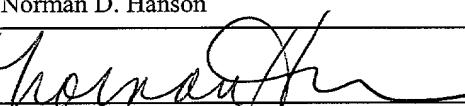
(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$370.00
TOTAL CLAIMS	37- 20 =	17	x 9.00	\$153.00
INDEPENDENT CLAIMS	4- 3 =	1	x 42.00	\$ 42.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	■■■■■
			TOTAL FEES	\$565.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$_____

A check for \$565.00 is enclosed to cover the cost of the Application filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: December 21, 2001

** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)*

5.	<input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
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17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No:
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Prior application information:	Examiner:	Group / Art Unit:	
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18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or bar code label	24972	or	<input checked="" type="checkbox"/>	Correspondence address below
		(Insert Customer No. or Attach bar code label here)		
Name	-----			
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Country	USA	Telephone	212-318-3000	Fax 212-318-3400
Name (Print/Type)	Norman D. Hanson		Registration No. (Attorney/Agent)	30,946
Signature			Date	December 21, 2001